The Children's Hospital Medical Center

Boston, Massachusetts

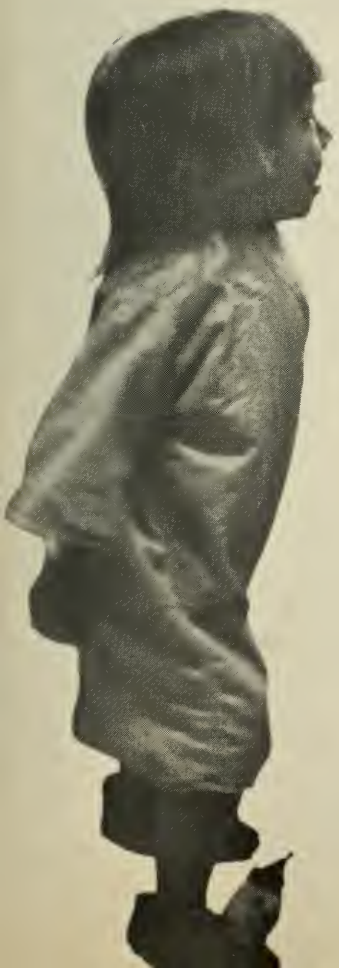
annual report 1965

A child is a beginning: a new world — untouched, ever unfolding, opening up to each new venture before him, revealing the grace, the joy, the wonder of life. He comes fresh to the human situation and brings all that is positive and direct. A child is unique; he is foremost himself . . . one of many individuals who bloom and develop under skilled minds, hands and eyes, with that special care that makes their world a core of concern.

Pictorial Essay by Julie O'Neil

The Children's Hospital Medical Center

Comprising
The Children's Hospital Medical Center
Association of the House of the Good Samaritan
Sarah Fuller Foundation for Little Deaf Children
The Sharon Sanatorium
The Hospital and Convalescent Home for Children
Children's Cancer Research Foundation, Inc.
Judge Baker Guidance Center
The Children's Mission to Children



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The Children's Hospital Medical Center

A child is a beginning:

s of April 1, 1966

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Data Processing Systems
Webster J. McKnight
Assistant Controller

Costs, Disbursements, Special Funds
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Methods & Procedures
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Coordinator

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Community Assistance
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Bernard Stillwell, Purchasing Agent

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Miss Shirley Cogland, Director

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John Glancy, Manager

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Associate Director for Nursing Service and Education

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Assistant Director

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Associate Director
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Miss Anne Nelson, R.N., Fifth Floor

Mrs. Caroline Overfors, R.N.
Parent Assistance

Miss Ellen Parkis, R.N., Surgical

Mrs. Mary Peckham, R.N.
House of the Good Samaritan

Miss Carolyn Sharpe, R.N., Outpatient

Miss Jean Walsh, R.N.,
Clinical Research

Our pride in the distinguished past and present position of leadership of The Children's Hospital must not blind us to the problems and challenges of the future. Of these, the largest and most important is the raising of the $15 million necessary to complete the essential rebuilding and modernization of our Hospital facilities.

Twenty years ago, The Children's physical plant was virtually hopelessly antiquated, obsolete, inefficient, and inadequate. Physically, we were bankrupt. Fortunately, the leadership of our Staff and Trustees, and the support of the community, raised the funds for the building program that culminated in the completion of the Farley Building — our fine inpatient facility. But at no time was there any illusion on anyone's part that this was more than a partial step in the rebuilding of the Hospital. All along we have recognized the need to provide better outpatient facilities, laboratories for diagnosis and research, and space for the Staff and the services essential to meet our medical and social responsibilities to the community and maintain our position of leadership.

Year by year, we have gathered and husbanded our financial resources, and planned for a total building program that would meet our urgent needs. Peripheral steps such as the hyperbaric chamber and garage have already been completed, and paid for by outside grants and financing. Funds already available or in sight will provide for the completion of our new outpatient building; and our housing complex is to be financed by debt which will be repaid from the income that these buildings provide.

However, despite our stretching and matching of the available funds and imaginative outside financing, there remains the $15 million gap between what we can do with our present resources and the buildings and services needed to rebuild and re-equip our Hospital. Never has the need for these been more obvious, more urgent, or more essential.

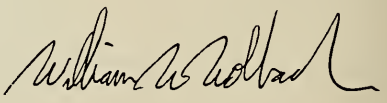
Last year's Annual Report included two sentences which bear repetition at this time:

> "All of us must recognize that leadership is a fragile asset and one that is subject to rapid depreciation. Therefore, all of us must strive unceasingly to make sure that our position is never relinquished."

Each of us has a pride in our association with Children's. For ninety-seven years the name has been synonymous with excellence and pioneering achievement in child care, education, and research. But the Hospital cannot live in its past, nor can it be content with the present. It must utilize every medical, scientific, and social weapon available in carrying out the mission we and earlier members of the Children's family have charged it with.

In the months just ahead, the demands upon each of us — individually — are going to become ever-increasing as we move deeper into our Development Program. Demands are going to be made for our time and our financial support, for our abilities in organizing and in producing. We are at the major crossroads of this generation of the Hospital, and all of us — employees, staff, trustees, and corporation members — have the responsibility of making sure we do not fail.

The time is upon this generation of the family to show that our pride has not been a hollow thing. Each of us is being called upon to help launch Children's towards even greater heights, towards even greater accomplishments. I am confident that our belief in what Children's is — and what it will become — will not let us fail in this effort.



William W. Wolbach,
President

Report of the President

. . a new world, untouched,

As the tempo of planning increased for celebration of the Hospital's 100th year of service in 1969, so did the level of all other hospital activity. In many respects, 1965 was a pivotal year; for decisions, for accomplishments, and for awareness of the new role to be played by the Hospital during its second century. It was a year in which the federal government made decisions of profound medical and social import. During this year, the Medical Staff received public approval for the wisdom and care exercised in its plans for future programs of service and scientific accomplishment. This was evident in the substantial commitments made by both government and private agencies for support of such diverse programs as mental retardation, ambulatory care, cardiology research, and training in neurosurgery.

The arrival in 1965 of Harvard's new Dean of Medicine, whose understanding of the complex relationships between the Hospital and Medical School makes possible many new joint ventures, was heartening to all. For the Administrative Staff, on whose shoulders falls the responsibility for implementation of all new ventures, 1965 seemed volcanic in nature. Despite an incredible workload, they too were able to add to an atmosphere of change and momentum. The development of a total information system stands out and in some areas represents a first for the nation.

During 1965, the Administrative Staff underwent near total re-organization, departed from traditional patterns, and is now functioning in a far more responsive manner than in past years. Of additional significance during the year was the Hospital's entry into the publication field, with major joint commitments in the field of health education between ourselves and one of the nation's leading publishers.

In recent years, we have used the Annual Report as a vehicle to highlight some particular facet of Hospital activity. The rebuilding of a physical plant, thorough analysis of the Hospital's fiscal position, and a report on the scientific accomplishments of the Medical Staff have been reviewed. This year, it seems appropriate to concentrate on the Hospital's role as an educational institution. Almost everyone recognizes that the Hospital is active in the training of medical students, residents and interns, fellows, and nurses. For these professional people, the Hospital functions as their main clinical laboratory. Less well known is the Hospital's role in the training of other health personnel. We might list some 30 skills peculiar to hospitals for which no other adequate means of training exists. It is surprising that with the vast hospital expansion being undertaken by the nation, very little thought has been given to the manpower needs of those skills whose collective numbers approach 2 million individuals.

With a few notable exceptions, universities have shown an understandable reluctance to become deeply involved in a program of vocational training as contrasted to one of general education. On those rare occasions when they do undertake to train in the health professions, the specific skill to be taught is incorporated into a four-year baccalaureate program of general education. But if the object of the program is to produce large numbers of skilled workers rather than more modest numbers of leadership personnel, this university approach is self-defeating.

Although chronic internal confusion exists over the education on a few potential leaders and the training of vast numbers of workers, the fact remains that in almost all programs for the training of health workers, the hospital continues as the focal point in which experience through doing is gained. This further compounds the problem in that no educational institution can design courses for health professionals by itself. Large clinical facilities such as the hospital must be made available.

The concept has been fostered in this country that only those with a college degree can hope to enjoy the full fruits of our affluent society. Some sober appraisers of society's needs have recognized this fallacy, but have hoped that a mythical someone else would rise to the occasion, and initiate a reasonable program. As a result of the lack of action, vocational training in this country has become the unwanted stepchild of American education. It has lacked status and prestige. It very often takes place at night, in dingy surroundings at the end of a busline.

Many hospitals like ourselves have already instituted fragmentary programs to meet the critical shortage of health workers. In our own case, we have had three years of experience in the training of building services supervisors. We routinely but perfunctorily train nursing and dietary aides. X-ray technologists, inhalation therapists, and laboratory technicians receive a portion of their training here. Medical records technicians are trained more or less on the job. Social work case aides, brace makers, data processing machine operators, and operating room technicians receive partially programmed training under our aegis. This list could be expanded indefinitely.

A great difficulty with this informal and fragmented approach is that the cost of all those training activities is borne by patients rather than by the individual trained. Additionally, the course content is haphazard and incomplete, since the individual is trained during his working hours. At best, our response must be judged as an ineffectual solution to a chronic problem.

Report of the General Director

Senator Lester Hill, wise in the field of provisions of health services, stated during 1965 that "the critical national shortage of physicians and other health personnel is the greatest single obstacle" to the provision of high-quality medical care for Americans. Merely to deplore the situation seems unlikely to bring about a realistic solution in the near future. Someone, or some institution, must meet the problem head-on. Our own department heads, who in this light are educators and teachers, have all expressed enthusiastic support for the hospital to formally enter the field of vocational training. There are several reasons for their enthusiasm. They, perhaps more than anyone else, recognize the critical need that exists. And, not the least of their personal satisfactions as department heads come from the achievement by the trainees under their tutelage of stature, skill, and income potential.

In 1966, we shall endeavor to collect the necessary financial support to bring such a vocational training program to fruition at Children's.

In view of all the above it appears that our position for the future might be stated as follows:

1. The Hospital must continue to look to the colleges and universities for the education of leadership personnel in modest number for all health related professions. At the same time, it is not reasonable to expect these institutions to concern themselves with the training of vast numbers of skilled and semi-skilled workers.

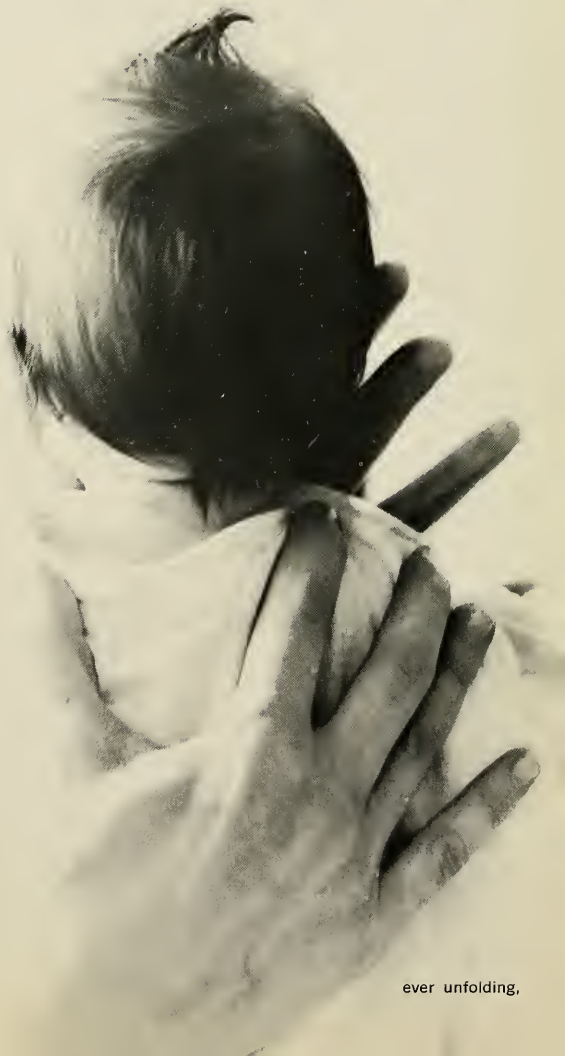
2. In the absence of other programs to provide adequate training for individuals to fill the positions calling for skilled and semi-skilled workers, the teaching hospitals must accept this as their own responsibility, at least on a temporary basis to meet the critical manpower shortages.

3. Such training programs must be formalized with careful consideration of course content, duration of course, and quality of instruction.

4. The cost of such vocational training must be borne by the individual to be trained, or by government and private agencies willing to subsidize such training. These costs no longer can or should be borne by a hospital's patient population.

5. The hospital must maintain a practical attitude in the initial years to insure control of its student population, course content and goals to be achieved. Without control, the needed numbers of health personnel will not be trained.

Leonard W. Cronkhite, Jr., M.D.,
General Director



ever unfolding,

Report of the Chairman of the Staff

Progress in the implementation of the plans of the Staff for better facilities for the care of the patient and for research has never been so evident as in 1965. The great increase in administrative strength during the past few years has facilitated the translation of ideas and hopes into reality in enterprises long since conceived and perfected. The Staff is delighted with the decision of the Trustees to embark on a large program of construction to supply physical needs long evident, and to gather resources to strengthen the Staff in depth as well as in scope. To expedite decision-making, President Wolbach, the Trustees and the General Director believed it important to create a more effective and efficient relationship between the Staff and the Administration and Trustees. The new position of Chairman of the Staff, a Trustee appointment, with duties of Chief of Staff for policy and planning, therefore, was created. A Joint Planning Board was formed, consisting of the President, the General Director and the Chairman of the Staff. Assumption of these duties by the Chairman marked a continuation of his voluntary efforts in planning which began in 1931. Another innovation, the organization of the Medical Staff of the Hospital, has importance for the future of the Hospital. Dr. Robert M. Smith, head of the Department of Anesthesia, is the first President, and Dr. Edward Dyer, representative of the Medical Staff, sits with him on the Staff Executive Committee. The Trustees are thus assured of an effective means of communication.

The successful completion of the Fund for Harvard Medicine by Dr. George P. Berry marked the culmination of his career as Dean of Harvard Medical School. He was succeeded in 1965 by Dr. Robert H. Ebert. We may look forward to deep concern of the medical school for the medical needs of the community, as well as for the maintenance and increase in the high standards of teaching and medical research. He will be certain to develop even closer ties between and among the Harvard hospitals under the banner of Harvard Medical School, as planning on a community basis becomes the order of the day. The Staff looks forward, too, to the completion of plans for the Affiliated Hospital Complex, with hopes for close cooperation and, whenever possible, integration of medical and administrative activities.

This report will select a few of the highlights of 1965. The Clinical Research Center, financed by the National Institutes of Health, was completed and put into use under the direction of Dr. John Crigler, Jr. For the first time in our history, truly adequate facilities for the study of disease in infants and children in the modern idiom are available to our clinical investigators. The total cost of equipping and running this magnificent unit of 12 beds is borne by a long term grant from the National Institutes of Health. We estimate that during the next ten years alone, the Government underwriting of this program will amount to more than six million dollars, thus constituting the largest single gift ever made to the Hospital.

The hyperbaric chamber, housing the research program and treatment of selected cardiac patients by Dr. Robert E. Gross and his associate, Dr. William F. Bernhard, was opened. They have already made history in the treatment of certain forms of congenital heart disease, with the aid of this triumph of modern engineering.

The Children's Hospital Medical Center and the Judge Baker Guidance Center were joined more closely in the field of psychiatry, when through the efforts of the Judge Baker Foundation and the support of The Children's Hospital, Harvard Medical School approved a full professorship in child psychiatry for Dr. George Gardner.

Plans for a staff reorganization of great importance to future developments in the Hospital and to the communities we serve was completed this year in the field of cardiovascular disease. The immediate inspiration for this move came from the recommendations of the President's Commission on Heart Disease, Cancer and Stroke, on which the Staff Chairman served. We had drawn up this conception in 1947 at the time of the greatest activity in the design of the Children's Medical Center. Applied here, the plan brings together all the activities, clinical and research and teaching, concerned with the heart and the blood vessels, in a Regional Cardiovascular Center for Children. This is a natural development for our Hospital, in as much as the whole modern era of congenital heart surgery began in 1938 when Dr. Robert E. Gross repaired the first ductus arteriosus. Since that time Dr. Gross and his colleagues have pioneered in the development of many new and more difficult operations for the repair and cure of conditions previously incurable. We are happy to report that Dr. Gross has accepted the challenge of the Directorship of this Center, and will give his full energies to the development of this magnificent opportunity. Dr. Alexander S. Nadas will be his Associate Director.

The year brought news of the successful award for construction support from the National Institutes of Health for a clinical unit for mental retardation to be included in the new outpatient building, and a large building for research in the field of mental retardation in a separate building which will house these facilities. In addition, six additional floors will be added to this structure for the research needs of the staff as a whole. The acceptance of these funds for mental retardation signalizes a commitment on the part of the hospital staff and trustees to a truly major effort in behalf of the retarded child both clinically and in research.

This is a period of socio-economic changes in medical care. It is imperative that communication between and among the Trustees, the Administration and the Staff be adequate for the task and that the entire hospital family be informed and concerned about such questions which affect the life of the hospital and the effectiveness of the staff. The primary concern of the staff must remain as before: to do everything that is possible for the good of our patients and their families; to train our successors

to do even more expert work than is being done today, and to prepare students for the splendid careers which lie ahead of them. For this we have urgent need of better and larger clinical facilities. We are proud of the quality of care which depends so much on our outstanding nurses' training school, under the distinguished leadership of Miss Muriel Vesey. Opportunities must be given to talented members of the staff and to scientists who are brought in for the purpose, to find new methods of treatment and of prevention of disease. Tender loving care, the by-word of all good children's hospitals, is not enough. The virtual wiping out of poliomyelitis, within the memory of even young people who might read these lines, made unnecessary the vast amount of care for the life time of the patient, and abolished the misery and economic burden which came to families and patients because of this once dreaded disease. We take pride that this achievement was based on a discovery made just a few years ago in The Children's Hospital.

Research support is available through voluntary agencies and the Federal Government in amounts not dreamed of a scant twenty, or even ten years ago, but the resources are not evenly distributed, nor yet great enough. Our staff has demonstrated its ability to compete with all other institutions for these funds, and will do even better when adequate space will permit us to attract more professional scientists of high calibre to augment our present strength. Space is sorely needed to house research efforts in the major disciplines, including anesthesia, dermatology, oto-rhino-laryngology, dentistry, genetics, psychiatry, ophthomology, orthopedic surgery, and in the foundation science of so much we do—pathology. In these research developments, the staff plans closer cooperation and whenever possible, integration with the pre-clinical sciences of the Medical School, the various disciplines in the School of Public Health, and the neighboring hospitals which will be joined together in a great complex under the Harvard banner in grounds immediately adjacent to us.

The Staff looks forward to the eventual prevention and eradication of many crippling diseases, mental retardation, congenital malformations, cerebral palsy, blindness and many other diseases which afflict children. These goals can be achieved only by a combination of the efforts of highly skillful clinicians and the devotion of people of high competence in the research laboratory. The Staff awaits the successful completion of the courageous program begun by the Trustees of the Hospital with gratitude and with confidence. We look to 1969 for the realization of these hopes, so that we may begin our second century prepared to achieve our new goals.

Sidney Farber

Sidney Farber, M.D.
Chairman of the Staff

opening up to each new venture before him,

Report of the Treasurer

Free care allowances and welfare rate adjustments continued as the greatest source of loss during the fiscal year, amounting to $1,411,000, an increase of 40 percent over fiscal 1964. Together, they represent a severe burden on the capital structure of the Hospital, and total more than the entire deficit for the year. This deficit, or net loss, amounted to $1,296,000, an increase of $63,000 from the previous year.

Before free care, rate adjustments and depreciation, the operating loss for 1965 actually was less than that of 1964, $754,000 as compared to $1,075,000. An analysis of the operating loss appears on Pages 16 and 17 of this report.

Occupancy for the year rose from 81.8 percent to 84.6 percent, while revenue from services to patients was 22 percent higher in 1965. The increase in revenue of $1,553,000 reflects the higher occupancy, greater utilization of special services, and rate increases.

Salaries and expenses required to provide these additional services increased; however, tighter controls held them in line. The ratio of expense to revenue, a good yardstick of management efforts, was 109 percent, a drop from 115 percent in the previous year.

In 1965 the Hospital was reimbursed at only $44.86 per day for every child hospitalized under an approved welfare program, while the full per diem cost to provide this care was more than $66. This results in a burden of $21.14 that the Hospital must assume each day for every child in such a program under its care. During 1965 welfare patients accounted for 20 percent of the patient days. The loss to the Hospital because of these welfare rate deficiencies totalled $529,000. We also gave free care of $882,000 to children ineligible for welfare programs.

The conclusion to be drawn from these figures is clear; the problem of hospital costs and free care must be faced by the entire community, private and public segments alike. Otherwise, the voluntary hospital faces an uncertain future.

F. Murray Forbes, Jr.
Treasurer

revealing the grace,

The Children's Hospital Medical Center Statement of Income

For the Years Ended September 30, 1965 and 1964

	1965		1964	
During the period we billed patients for:				
Inpatient care	$ 3,727,393		$ 3,270,694	
Ancillary services	4,142,159		3,329,207	
Outpatient clinic fees	808,060		524,931	
Total patient revenue		$ 8,677,612		$ 7,124,832
We spent or incurred for:				
Patient care—salaries	$ 6,717,024		$ 5,693,689	
Patient care—expenses	3,720,903		3,373,950	
Employees' Retirement Plan	157,110	$10,595,037	169,426	$ 9,237,065
Research and education—salaries and expenses	$ 3,443,571		$ 2,686,271	
Supported by grant income of	(3,443,571)	—	(2,686,271)	—
Less revenue received for—				
General services, dietary, School of Nursing, etc.	$ 934,680		$ 754,596	
Overhead from grants	228,071	1,162,751	282,496	1,037,092
Net operating expenses		$ 9,432,286		$ 8,199,973
Resulting operating loss before free care and rate adjustments was		$ (754,674)		$ (1,075,141)
Because of contractual arrangements and patients' inability to pay, we issued:				
Rate adjustments to Blue Cross, net of prior year credits of $220,779 in 1965 and $167,146 in 1964	$ (110,680)		$ 37,889	
Rate adjustments to welfare agencies	528,853		308,234	
Allowances to patients	705,661		541,496	
Account write-offs, net of recoveries	176,556	1,300,390	156,934	1,044,553
Since patient revenue did not equal expense and free care cost, the operating loss was		$ (2,055,064)		$ (2,119,694)
This loss was partially defrayed by income from:				
Investments and trust funds	$ 884,459		$ 892,774	
Allotments from affiliates	257,053		239,700	
United Community Services	107,416		96,596	
Contributions for patient care	37,581		127,541	
Total other income		1,286,509		1,356,611
Loss before depreciation		$ (768,555)		$ (763,083)
Depreciation:				
Buildings	$ 351,600		$ 316,853	
Equipment	176,659	528,259	$ 153,942	470,795
Net loss for the year charged to General Fund		$ (1,296,814)		$ (1,233,878)

The accompanying notes are an integral part of this statement.

Report of Independent Certified Public Accountants.

Arthur Andersen & Co.
Boston, Massachusetts

To the Board of Trustees, The Children's Hospital Medical Center:

We have examined the balance sheet of THE CHILDREN'S HOSPITAL MEDICAL CENTER (a charitable corporation organized in Massachusetts) as of September 30, 1965, and the related statements of income and fund balances for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances. We had made a similar examination for the preceding year.

In our opinion, the accompanying financial statements present fairly the financial position of The Children's Hospital Medical Center as of September 30, 1965, and the results of its operations for the year then ended, in conformity with generally accepted accounting principles applied, except for the recording of the Hospital's investments at market value as of September 30, 1965, as discussed in Note 1 to the financial statements, on a basis consistent with that of the preceding year.

Boston, Massachusetts.
March 1, 1966.

Arthur Andersen & Co.

The Children's Hospital Medical Center Balance Sheet

September 30, 1965 and 1964

the joy,

ASSETS

	1965	1964
Current Assets:		
Cash	$ 1,291,409	$ 1,507,582
Accounts receivable—		
Patients, less allowances of $259,357 for doubtful accounts	2,375,468	1,765,338
Affiliated organizations and other	310,922	314,288
	$ 2,686,390	$ 2,079,626
Inventories, at cost (first-in, first-out)	136,494	127,982
Prepaid expenses and deferred charge	186,125	111,238
Total current assets	$ 4,300,418	$ 3,826,428
Cash surrender value of life insurance and annuity policies	244,663	241,861
Investments, at market value in 1965 (Note 1)	27,931,104	19,484,189
Hospital property and equipment, net (Notes 2 and 3)	12,694,918	10,337,320
Construction in progress (Note 3)	684,195	1,155,465
	$45,855,298	$35,045,263

LIABILITIES AND CAPITAL FUNDS

Current Liabilities:		
Accounts payable	$ 310,242	$ 327,932
Accrued payrolls and other expenses	150,832	66,810
Total current liabilities	$ 461,074	$ 394,742
Mortgage notes payable	1,516,333	1,552,499
Reserve for insurance and annuities	244,663	240,754
Reserve for employees' retirement plan	308,151	169,426
Funds held for others (Note 1)	197,597	268,170
Special purpose funds	1,229,885	1,417,570
Fund Balances:		
General (Note 1)	11,750,305	4,930,116
Endowment (Note 1)	14,388,096	11,152,696
Original plant	9,349,627	9,320,301
New development plant	3,345,291	1,017,019
New development construction-in-progress	684,195	1,155,465
New development fund drive	2,380,081	3,426,505
	$41,897,595	$31,002,102
	$45,855,298	$35,045,263

The accompanying notes are an integral part of this statement.

Statement of Fund Balances

For the Year Ended September 30, 1965

BALANCE AT SEPTEMBER 30, 1964		$31,002,102
Net loss for the year, from statement of income		(1,296,814)
Restricted Endowment Fund income		106,082
Contributions to the New Development Fund Drive		950,494
Expenses of the New Development Fund Drive		(89,812)
Gifts and bequests: To General Fund		575,546
To Endowment Funds		193,816
Realized gains on sales of securities: To General Fund		598,303
To Endowment Funds		846,385
Restatement of investments from cost to market value (Note 1): To General Fund		7,003,149
To Endowment Funds		2,037,441
Additions to plant and equipment: Expended from General Fund		(590,436)
Expended from Fund Drive		(2,204,402)
Added to Plant Fund		2,794,838
Miscellaneous		(29,097)
BALANCE AT SEPTEMBER 30, 1965		$41,897,595

The accompanying notes are an integral part of this statement.

Notes to Financial Statements

SEPTEMBER 30, 1965

(1) The Hospital has followed the practice for some years of pooling its investments and has carried them at cost in the accounts. Effective as of the close of its fiscal year, September 30, 1965, the policy was adopted of carrying pooled investments at market. The Trustees believe that valuation at market presents a clearer indication of the earning power of the investments and of the stewardship responsibility of management. The market value of the investments was allocated to the various funds based on the book balances in the respective fund accounts at September 30, 1965, after giving recognition to the periods the respective funds have participated in the pooled investment account.

Summarized below are investment balances by class of security:

	Book Value	Quoted Market Value	1965 Income
Bonds	$ 8,250,076	$ 8,108,093	$369,750
Preferred stocks	283,650	271,953	12,492
Common stocks	10,228,736	19,467,342	566,455
	$18,762,462	$27,847,388	$948,697
Special investments held for others	'63,601	83,716	3,028
	$18,826,063	$27,931,104	$951,725
Adjustment to state investments at market value—			
Pooled investments	9,040,590	—	
Investments held for others	64,451	—	
	$27,931,104	$27,931,104	

(2) Hospital property and equipment is stated at cost. A summary of the changes in property and equipment accounts for the year ended September 30, 1965, and balances of allowances for depreciation are set forth below:

	Year Ended September 30, 1965		
	Beginning Balance	Net Additions	Ending Balance
Property and equipment:			
Land	$ 554,190	$ —	$ 554,190
Buildings	13,179,276	2,518,399	15,697,675
Equipment	2,556,694	276,439	2,833,133
	$16,290,160	$2,794,838	$19,084,998
Allowances for depreciation	5,952,840	437,240	6,390,080
	$10,337,320	$2,357,598	$12,694,918

(3) The Hospital has entered into a major development and plant expansion program and has commitments of approximately $7,600,000 for the construction of new buildings, of which $3,270,000 had been expended at September 30, 1965. The Hospital expects to finance this program with funds in the treasury, assistance from the U. S. Government, and from contributions.

Statistical Summary

	Admissions		Patient Days		Increase		Percentage of Occupancy	
Inpatient	**1965**	**1964**	**1965**	**1964**	**Days**	**%**	**1965**	**1964**
Total Hospital (343 beds)	11,412	11,107	105,945	102,738	3,207	3.1	84.6	81.8

Outpatient	**1965**	**1964**
Clinic Visits (including Psychiatry services)	139,828	129,183
Special Services		
Operations	6,790	6,416
Laboratory tests	212,803	198,837
Electroencephalograms	4,151	2,270
Electrocardiology examinations	4,386	4,213
X-ray films	122,535	111,559
X-ray therapy treatments	3,971	2,908
Physical therapy treatments	34,664	30,816
Respiratory therapy services	73,053	34,785

the wonder of life.

The Children's Hospital Medical Center 5 YEAR HIGHLIGHTS 1961-1965

He comes fresh to the human situation

Inpatient Admissions — all-time high in 1965 when 11,412 patients admitted. Increase of about 28 percent in five years.

Patient Days — up from 88,329 in 1961 to 105,945 in 1965.

Inpatient Day Rate Revenue — in the five-year period rose from $2,429,000 to $3,727,000.

Outpatient Visits — soared almost 40 percent in five years, from 101,109 visits in 1961 to 139,828 in 1965.

Outpatient Clinic Revenue — almost doubled in five years — 1961, $421,000 in clinic fees; 1965, $808,000.

The 1965 Financial Picture

In fiscal 1965 The Children's Hospital Medical Center spent $2,055,000 more to operate the Hospital than it received, not withstanding that patient revenue was the highest in its history. This operating loss was partially defrayed by income from investments and allotments of $1,141,000, United Community Service contributions of $107,000, and other contributions for patient care of $38,000, for a total of $1,287,000. It was therefore necessary to allocate $768,000 from the general fund capital contributed to the Hospital in prior years.

In addition to the "out-of-pocket" operating expenses, depreciation of building and equipment of $528,000 was charged to the general fund in 1965. However, since operating revenues were not sufficient to provide for the annual funding of depreciation, it was necessary to use general fund capital of $590,000 for replacement of plant and equipment during the year 1965.

The patient care services loss represents the excess of direct salaries and expenses over the revenue from charges to patients. The clinics accounted for the greater portion of the loss, $417,000. Outpatient routine and ancillary costs, including depreciation, averaged $18.40 per visit, while clinic revenue averaged $15.00 per visit. Due to the increase in patient revenue, the loss in the inpatient divisions was consideraby less, $40,000.

Total Patient Revenue — includes inpatient, outpatient and ancillary services income. Reached $8,677,000 in 1965, increase of $3,636,000 (about 72 percent) over 1961.

Salaries and Wages — represents about 70 percent of hospital's cost of operation. Increased from $4,144,000 in 1961 to $6,717,000 in 1965. Additional personnel, moderate pay increases, major contributing factors.

Fringe Benefits — became important factor during the period. In 1961, amounted to $205,000; in 1965, $481,000.

Supplies and Expenses — reflect increased cost of equipment, medications, etc. Rose from $1,686,000 in 1961 to $2,234,000 in 1965.

Total Patient Care Expenses — cost of caring for sick children up 56 percent from 1961 to 1965. Less than increase in revenue (72 percent), but 1965 expenses of $9,432,000 were $755,000 more than revenue for the year.

Ratio of Expense to Revenue — measures management efforts in balancing costs and income. Marked improvement from 1961 figure of 120 percent (expenses 20 percent greater than income). In 1965, ratio down to 109 percent.

Free Care Allowances and Adjustments to Medically Indigent — medical care provided those who cannot pay, up from $459,000 in 1961 to $882,000 in 1965.

Rate Adjustments to Welfare Agencies — difference between payment by welfare agencies and what it costs to care for children sent by those agencies. Increased from $179,000 in 1961 to $529,000 in 1965 as number of welfare patients increased steadily.

Net Loss Before Depreciation — how much more it cost to run Children's than was received from the parents and agencies for whom hospital is operated. In past five years the loss has increased from $646,000 to $768,000 in 1965.

The operating losses were incurred in providing these services and activities:

			Percent to Loss
Inpatient routine and ancillary services	$ 40,000		2%
Outpatient clinic and ancillary services	417,000		20%
Free care allowances and uncollectible account adjustments issued to medically indigent:			
Inpatient	367,000	18%	43%
Outpatient	515,000	25%	
Welfare rate adjustments —deficiencies— under various agency programs:			
Inpatient	412,000	20%	26%
Outpatient	117,000	6%	
Prior year Blue Cross settlement (favorable)	(110,000)		(5%)
Unreimbursed overhead in research, training and non-patient activities	297,000		14%
Total operating loss	$2,055,000		100%

The $297,000 loss in research, training, and non-patient activities was due to overhead expenses of administration, maintenance, housekeeping, etc., which were greater than the overhead reimbursement received from grantors. The ratio of indirect to direct expense was 29 percent; however, overhead research reimbursement from the National Institutes of Health was 20 percent and the training grant reimbursement rate from the Public Health Service was 8 percent.

In addition to free care allowances of $706,000, the Hospital "forgave" $176,000 of other account indebtedness, determined uncollectible. Many medically indigent CHMC patients are not covered by community assistance; for example, Boston residents eligible for general relief are denied it by the Boston Welfare Department which states the patients should be sent to Boston City Hospital.

Welfare rate adjustments of $529,000 were incurred because of inadequate welfare reimbursement rates. In 1965, state and locally administered agency programs reimbursed the Hospital, for children in the programs, at $44.86 per day, while the full cost to the Hospital for providing these services was $66.26 per day.

The cost of care to the medically indigent represented 69 percent of the total operating loss in 1965. Since earnings from endowments and other income did not completely defray this cost, it was supported by the general fund capital of the Hospital, and by an increase in rates charged patients who could afford to pay their bills.

The Children's Hospital Medical Center Women's Committee Report

Chairman's Report

In addition to genuine altruistic motives for hospital work, there is also a healthy competitive desire among the various groups of the Women's Committee to improve their record of the previous year whether it be measured in terms of net income, volunteer hours worked, garments knitted, parents attending teas, or books circulated to patients. Such emulous activities have realized total receipts for Fiscal '64-'65 of $52,093.33 — an increase of $4,819.98 over last year — with available funds voted $44,676.13.

It is of interest to examine a few of our contributory items. The Department of Education and Recreation received the largest contribution of $7,509.00, including $3,509.00 from the Daffodil Fair. Support to the Department of Nursing totals $6,560.00 allocated to two nursing loan funds, scholarships, an in-bed scale, and tickets for students. During the past year 26 students and two graduate registered nurses received scholarship assistance, and loans were made to six students. In addition, the Women's Committee donated $5,000.00 to the Northeastern University Project (a contribution of $20,000.00 over the past three years). Three new departments of CHMC, the Departments of Ophthalmology, Urology, and Respiratory Therapy, received assistance for equipment and instruments.

We are indebted to members of the professional staff for their willingness to address our monthly meetings. They were selected to demonstrate the team work which is becoming more necessary in modern medicine, to present educational problems referred to physicians from the class-room, to emphasize the part photography plays in teaching and patient care, and to project a blueprint of the future of CHMC. To support this program, Dr. William F. Bernhard spoke on "Hyperbaric Oxygenation," Dr. Sherwin V. Kevy on "Coagulation Defects in Surgery," and Dr. Robert M. Smith discussed "Anesthesia for Children." Mrs. Reta V. Buchan, Adolescent Department, presented reading problems, "Can't Read, Can't Spell — Cause for Concern?" Mr. Ferdinand Harding talked on "Bio-Photography in the Teaching Hospital." The May Picnic was held at the home of Mrs. H. Bourne Pillsbury with Miss Betty Lank, Nurse Anesthetist, explaining the value of "Toys for the Medicated Child." She also showed films of her visit with the Belgium royal family. Dr. Leonard W. Cronkhite, Jr., delivered the last lecture of the year outlining the future of the CHMC in "Changing Patterns of Medical Care."

It was my pleasure to attend numerous activities throughout the past year for the Employees, the Volunteers, the Nursing Department, and the Staff. In addition to the CHMC affairs, I have also attended the Greater Boston Hospital Council Annual Meeting, the various meetings of the Greater Boston Region Massachusetts Hospital Association, the New England Hospital Association, and the 29th Annual Meeting of the Massachusetts Hospital Association. Mrs. David Wilder represented the CHMC in San Francisco, California, at the American Hospital Association meeting in August, in addition to her duties as Chairman of the Greater Boston Region MHA.

The future of hospitals and medicine has never been so vitally affected by increasing government interest, expansive building programs, and basic research grants. Though our moneys are small compared with the magnitude of such grants, they do give some flexibility to the Director to underwrite new projects that concern CHMC, enable departments to procure equipment more rapidly than otherwise possible, and to offer financial assistance to any department whose research is mainly in the field of clinical medicine.

There is a limit to how many times one can say "thank-you" to the CHMC Staff, the Administration, Director of Volunteers, Committee Chairmen, Volunteers, and Employees. Without their harmonious cooperation and the assistance of Mrs. Olga Cruz, our able Administrative Secretary, we would not have had such a successful year in terms of moneys raised, services rendered, and public relations. To the Outside Activities — the Cohasset Tennis Tournament, the Cataumet Hospital Week, and to the capable young ladies of the Daffodil Club—our deepest appreciation for their continued support.

Respectfully submitted,

Ann T. Warren

Mrs. Kenneth W. Warren,
Chairman

and brings all that is positive and direct.

1964 - 1965

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Mrs. James G. Wheeler
Mrs. Roswell M. Boutwell III
For Two Years: Mrs. John M. Alden
Mrs. Charles W. Bartlett
Mrs. Alexander S. Nadas
For One Year: Mrs. H. Bourne Pillsbury
Mrs. Oldfield B. B. Rapalyea
Miss Agnes Wheeler

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Friends of C H M C . . . Mrs. Charles F. Hovey
Nominating Committee . . . . Mrs. David Wilder
Staff Wives . . . . . Mrs. John F. Crigler, Jr.
Volunteer Service . . . . . Mrs. Roger A. Perry

1965 - 1966

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Vice-Chairmen . . . Mrs. Thomas C. Haffenreffer, Jr.
Mrs. Phillip C. Thibodeau
Recording Secretary . . . . . Mrs. Stephen Little
Corresponding Secretary . . . . Mrs. Oldfield B. B. Rapalyea
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Executive Committee —
Rotating Members for three years:
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Mrs. James E. Drorbaugh
Mrs. L. Harrison Thayer II
For Two Years: Mrs. Roswell M. Boutwell III
Mrs: Eugene H. Clapp II
Mrs. James G. Wheeler
For One Year: Mrs. John M. Alden
Mrs. Charles W. Bartlett
Mrs. Alexander S. Nadas

Members Ex-officio:
Past Chairman . . . . . Mrs. David Wilder
Friends of C H M C . . . Mrs. Charles F. Hovey
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Staff Wives . . . . . Mrs. John F. Crigler, Jr.
Volunteer Service . . . . . Mrs. Roger A. Perry

Women's Committee Financial Summary

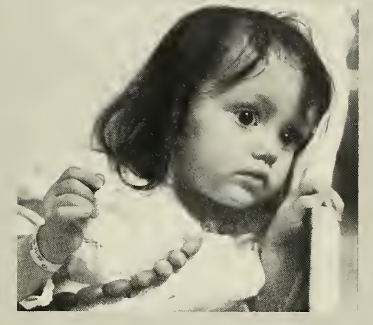
1964 - 1965

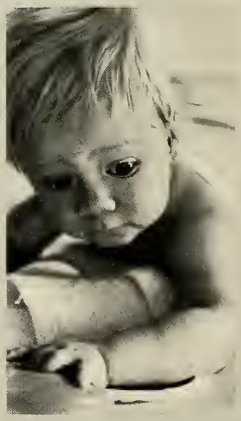
A child is unique; he is foremost himself . . .

Mrs. Howard F. Gillette, Treasurer

Cash on Deposit, September 30, 1964	$43,906.17	
Transactions (Per Summary of Cash Reports for Fiscal Year Ending September 30, 1965):		
Add: Receipts	$52,009.33	
	$95,915.50	
Less: Disbursements	48,239.37	
Cash on Deposit, September 30, 1965		$47,676.13
Less: Cash Balance required for Monthly Expenses		3,000.00
Available Funds to be voted for 1965-1966		$44,676.13
Distribution of Funds 1965 - 1966		
Committed:		
Yankee Bookstall Proceeds to Building Fund		$ 7,877.46
Daffodil Fair Proceeds to Dept. of Education & Recreation		3,509.00
Cohasset Tennis Tournament Proceeds to Nurses Loan Fund		1,245.00
		$12,631.46
Committee Operation Expense Items:		
Staff Wives	$ 1,200.00	
Teas and Entertainment	1,300.00	
Flower Fund	400.00	
Library Committee	300.00	
Discretionary	350.00	
Photography Committee	200.00	
Knitting Committee	100.00	
Periodicals (Doctor's Lounge)	30.00	
Contribution Items:		
Northeastern University Project	$ 5,000.00	
Department of Education and Recreation	4,000.00	
Department of Respiratory Therapy (Bird Respirator, Electric Oxygen Tent, Hypothermia Unit, Voltmeter)	3,650.00	
Department of Anesthesia (2 Temperature Monitors, 2 Fluothane Vaporizers, 1 Oscilloscopic Cardiac Monitor, 1 Temperature Controlling Apparatus)	2,950.00	
Department of Surgery (Addition and Replacement of Surgical Instruments)	2,000.00	
Rotating Loan Fund for Nurses	2,500.00	
Scholarships for Nurses	1,500.00	
Department of Ophthalmology (Retinal Camera)	1,500.00	
Department of Urology (3 Cystoscopes)	1,488.00	
Department of Social Service	1,027.35	
Department of Nursing (In-Bed Scale)	940.00	
Sound System (CHMC Functions)	500.00	
Department of Medicine, Cardiology Division (Catheterization Laboratory — Heating Blanket)	400.00	
Tickets for Student Nurses	375.00	
Air Conditioning Unit (Women's Committee Office)	200.00	
Insulated Coffee Vacuum (Operating Room Staff)	84.32	
Bowling Prize — CHMC Employees	50.00	
		$28,164.67
TOTAL VOTED:		$44,676.13

November 9, 1965





one of many individuals who bloom and develop

Source of Children's Hospital Patients

by place of residence

(Excluding an estimated 20,000 outpatients making repeat visits.)

For the year ended September 30, 1965

Massachusetts	**25,355**
Boston	**10,610**
Elsewhere in Massachusetts	
Barnstable County	178
Berkshire County	139
Bristol County	739
Dukes County	5
Essex County	1,469
Franklin County	67
Hampden County	331
Hampshire County	117
Middlesex County	6,133
Nantucket County	16
Norfolk County	3,032
Plymouth County	1,083
Suffolk County	815
Worcester County	621
Other New England States	**1,648**
Connecticut	371
Maine	312
New Hampshire	467
Rhode Island	392
Vermont	106
Elsewhere in United States	**610**
Alabama	1
Arizona	3
Arkansas	1
California	21
Colorado	1
Delaware	6
Washington, D. C.	1
Florida	53
Georgia	13
Hawaii	1
Illinois	13
Indiana	3
Iowa	4
Kansas	5
Kentucky	4
Louisiana	5
Maryland	15
Michigan	11
Missouri	3
Montana	2
Nevada	3
New Jersey	61
New Mexico	3
New York	281
North Carolina	9
Ohio	19
Oklahoma	4
Pennsylvania	19
Puerto Rico	2
South Carolina	2
Tennessee	2
Texas	5
Utah	1
Virginia	20
Washington	3
West Virginia	3
Wisconsin	7
Elsewhere in the World	**127**
Grand Total	**27,740**

under skilled minds,

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Stanley Shmishkiss
Samuel Sidd
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Richard M. Wyman

hands and eyes,

Staff Listing

MEDICAL STAFF 1966-1967

DEPARTMENT OF MEDICINE

Physician-in-Chief
Charles A. Janeway, M.D.

Associate Physician-in-Chief
Louis K. Diamond, M.D.

Assistant to the Physician-in-Chief
Sherwin V. Kevy, M.D.

Chiefs of General Medical Divisions
Child Health Division
Joel J. Alpert, M.D.

Medical Outpatient Department
Cathleen C. O'Brien, M.D. (Acting)
Adolescents' Unit
J. Roswell Gallagher, M.D.

Infants' and Children's Medical Division
William Berenberg, M.D.

Newborn Division
Samuel L. Katz, M.D.

Senior Associates in Medicine
William Berenberg, M.D.
T. Berry Brazelton, M.D.
William D. Cochran, M.D.
Allen C. Crocker, M.D.
John F. Crigler, Jr., M.D.
Louis K. Diamond, M.D.
James E. Drorbaugh, M.D.
Edward C. Dyer, M.D.
R. Cannon Eley, M.D.
Francis X. Fellers, M.D.
J. Roswell Gallagher, M.D.
Park S. Gerald, M.D.
Thomas C. Hall, M.D.
Sprague W. Hazard, M.D.
Samuel L. Katz, M.D.
Alexander S. Nadas, M.D.
William I. Neikirk, M.D.
David D. Rutstein, M.D.
Harry Shwachman, M.D.
Clement A. Smith, M.D.
William D. Winter, M.D.

Associates in Medicine
Thomas W. Adams, M.D.
Olga E. Allers, M.D.
Joel J. Alpert, M.D.
Robert B. Berg, M.D.
John K. Brines, M.D.
Leonard W. Cronkhite, Jr., M.D.
Karel deHaas, M.D.
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Robert H. Morris, M.D.
Orthopedic Surgeon, Emeritus
Francis C. Newton, M.D.
Consultant in Surgery, Emeritus
David W. Sherwood, M.D.
Associate in Medicine, Emeritus
Abraham S. Small, M.D.
Associate in Medicine, Emeritus
Richard M. Smith, M.D.
Physician-in-Chief, Emeritus
Harold C. Stuart, M.D.
Consultant in Child Health, Emeritus
Edwin T. Wyman, M.D.
Physician, Emeritus

COURTESY STAFF

Richard N. Abbott, M.D.
Lester M. Abelman, M.D.
Hyman Alford, M.D.
Norman Alpert, M.D.
Donald J. Annino, M.D.
James M. Baty, M.D.
Randal W. Bell, M.D.
Bernard A. Berman, M.D.
Arthur H. Berson, M.D.
Charlotte E. Bock, M.D.
Robert Bornstein, M.D.
John T. Bowers, M.D.
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Albert A. Brown, M.D.
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Charles D. Cook, M.D.
Clement R. Darling, M.D.
Arnold D. Fiascone, M.D.
Robert Franklin, M.D.
Eli Friedman, M.D.
Manuel M. Glazier, M.D.
William Glazier, M.D.
Ralph Gofstein, M.D.
Melvin J. Gordon, M.D.
Sidney Green, M.D.
Jordan B. Greenfield, M.D.
Charles H. Griffin, M.D.
Mary A. Halpin, M.D.
David M. Hassman, M.D.
Frederick Hertzmark, M.D.
Terrence D. Hoover, D.M.D.
David Ingall, M.D.
Manuel Ingall, M.D.
Jordan Joseph, M.D.
David Karp, M.D.
William J. Kelley, M.D.
Irving B. Koretsky, M.D.
Joseph L. Lewis, M.D.
Jerome M. Listernick, M.D.
Joseph McGovern, Jr., M.D.
Donald E. McLean, M.D.
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R. William Provenzano, M.D.
Charles V. Pryles, M.D.
James J. Putnam, M.D.
George P. Rizzone, M.D.
Martin Rothman, M.D.
Gabriel J. Rubin, M.D.
Robert C. Runyon, M.D.
Christopher J. Salvo, M.D.
Alvan Schwartz, M.D.
Daniel C. Shannon, M.D.
Louis Sieracki, M.D.
Warren R. Sisson, M.D.
Paul Solomon, M.D.
Benjamin Spritz, M.D.
Ward R. Stoops, D.M.D.
Charles L. Sturdevant, M.D.
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Nathan B. Talbot, M.D.
Max Tennis, M.D.
John P. Treanor, Jr., M.D.
Clara Waldinger, M.D.
Alfred Weller, M.D.
H. Lucille Williamson, M.D.
Eleanore C. Zaudy, M.D.
Alan Ziskind, M.D.

In Memoriam

Miss Rose Ashman, a budget interviewer in the Accounting Office, died April 2, 1965.

Dr. Florence Geller, Fellow in Medicine, died April 25, 1965.

Dr. Charles G. Mixter, Sr., Consultant in Surgery Emeritus since 1948 and Clinical Professor of Surgery Emeritus at Harvard University Medical School, died September 23, 1965.

Dr. Franc D. Ingraham, Neurosurgeon-in-Chief Emeritus and a pioneer in the field of pediatric neurosurgery, died December 4, 1965.

Form of Bequest

I give, devise, and Bequeath to The Children's Hospital Medical Center, in the City of Boston, a charitable corporation organized under the Laws of the Commonwealth of Massachusetts, the sum of

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a core of concern.